

Case Number:	CM14-0084960		
Date Assigned:	07/23/2014	Date of Injury:	07/21/2009
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old female who sustained an industrial injury on 7/21/2009. After stacking boxes at work, she developed low back pain with left sciatica. Treatment has included medications, physical therapy (PT), aqua therapy, and epidural steroids. Lumbar MRI dated 2/21/2014 provided the impressions: 1. No acute osseous abnormality. 2. Mild degenerative changes. Disc bulges at L3-4 and L4-5. L3-4 mild left neural foraminal narrowing, L4-5 mild bilateral neural foraminal narrowing, slightly accentuated post Dynawell compression. No significant spinal canal stenosis. According to the 4/22/2014 office visit report, the patient presents for new patient consult regarding complaint of sciatic pain and numbness. She complains of constant low back pain aggravated by increasing activities and relieved by rest. She has occasional weakness in the legs when she walks up hill. She has been treated with 3 sessions of physical therapy and 15 sessions of aqua therapy. Physical examination reveals 1+ bilateral quadriceps and absent right/1+ left ankle reflexes, decreased fine touch in L5 distribution in stocking glove distribution bilaterally, normal gait, able to heel/toe walk, 5/5 strength, normal ROM and muscle tone. Lumbar MRI is reviewed. Impression is the patient has relatively minimal findings on MRI, further work-up of potential pain generator is indicated. The plan is for L3-4, L4-5, and L5-S1 discography.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L3-4, L4-5, L5-S1 discography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back Lumbar Spine pages 557-558.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discography.

Decision rationale: The guidelines do not support discography. According to the Official Disability Guidelines, if the provider and payor agree to perform the procedure anyway, patient selection criteria for Discography include only single level testing (with control). This request of L3-S1 discogram is not supportable. Regardless, as stated, discography is not recommended by the guidelines. Per the MTUS and ODG, recent studies on discography do not support its use as a preoperative indication. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Pain production was found to be common in non-back pain patients; pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing. The medical records do not provide a valid rationale for proceeding with a potentially painful test that has not been found to have any reliable clinically relevant diagnostic value. Therefore, L3-4, L4-5, L5-S1 discography is not medically necessary.